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Bib Data Sheet

CONFIRMATION NO. 5447

<b>SERIAL NUMBER</b> 09/800,870	<b>FILING DATE</b> 03/07/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> NERV-00100	
<b>APPLICANTS</b> Mary H. Romans, Fort Worth, TX;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/22/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after					
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>VB</u>					
<b>ADDRESS</b> C. Steven McDaniel McDaniel & Associates, P.C. P.O. Box 2244 Austin, TX 78768-2244					
<b>TITLE</b> Non-traumatic model for neurogenic pain					
<b>FILING FEE RECEIVED</b> 702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		